



ETHICAL-POLITICAL LOOK AT THE HEALTH WORK PROCESS IN THE FACE OF THE CHALLENGES OF MODERNITY: REFLECTIONS AND CONTRIBUTIONS
OLHAR ÉTICO-POLÍTICO SOBRE O PROCESSO DE TRABALHO EM SAÚDE ANTE OS DESAFIOS DA MODERNIDADE: REFLEXÕES E CONTRIBUIÇÕES
MIRADA ÉTICO-POLÍTICA SOBRE EL PROCESO DE TRABAJO EN SALUD ANTE LOS DESAFÍOS DE LA MODERNIDAD: REFLEXIONES Y CONTRIBUCIONES

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ABSTRACT

Objectives: to understand the health work process from an ethical-political perspective and to discuss the health work in the context of modernity, the demands of financial capitalism and its advances in the life of the population. **Method:** this is a reflection article developed from a literature review, description, and qualitative meta-synthesis of productions on health work with an ethical-political perspective. **Conclusion:** the importance of university extension for experiencing work process models and systematizing the experiences; management of persons as organizational policy in health units; and the work process oriented by interdisciplinarity represent some of the possible ways out for the methodological stagnation in the understanding of the health work process and an intelligible reproduction for new generations. **Descriptors:** Ethics; Collective Health; Work Process.

RESUMO

Objetivos: compreender o processo de trabalho em saúde a partir de recorte ético-político e discutir o trabalho em saúde na conjuntura da modernidade, as exigências do capitalismo financeiro e suas investidas na vida da população. **Método:** artigo de reflexão construído a partir da revisão bibliográfica, descrição e metassíntese qualitativa de produções sobre trabalho em saúde com recorte ético-político. **Conclusão:** a importância da extensão universitária para experimentar modelos de processo de trabalho e sistematizar as experiências; a gestão de pessoas como política organizacional nas unidades de saúde; e o processo de trabalho orientado pela interdisciplinaridade representam algumas das possíveis saídas para os impasses metodológicos no entendimento do processo de trabalho em saúde e uma reprodução inteligível para as novas gerações. **Descritores:** Ética; Saúde Coletiva; Processo de Trabalho.

RESUMEN

Objetivos: comprender el proceso de trabajo en la salud desde una perspectiva ético-política y discutir el trabajo en la salud en el contexto de la modernidad, las exigencias del capitalismo financiero y sus embestidas en la vida de la población. **Método:** se trata de un artículo de reflexión construido a partir de revisión de la literatura, descripción y meta-síntesis cualitativa de producciones sobre el trabajo en la salud con una perspectiva ético-política. **Conclusión:** la importancia de la extensión universitaria para experimentar modelos de procesos de trabajo y sistematizar las experiencias; la gestión de personas como política organizacional en las unidades de salud; y el proceso de trabajo orientado por la interdisciplinariedad representan algunas de las posibles salidas para el estancamiento metodológico en la comprensión del proceso de trabajo en la salud y una reproducción inteligible para las nuevas generaciones. **Descriptores:** Ética; Salud Colectiva; Proceso de Trabajo.

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INTRODUCTION

Coexistence with the population that seeks health services brings novelties which are not always possible to be approached within the technical dictates traditionally constituent of health professionals training. Intervening in the quality of services provided requires broadening and deepening the spaces for discussion on the complexity of the health work process, as well as understanding how it is configured as social practice, and the results of the intense transformations that have occurred in society with respect to this issue.

Taking the contribution of authors who developed the scientific aspect as a basis in which the health work process¹ is embedded, and studies that deal with the advances of financial capitalism over the population, the goals of the present study were: (a) to understand the health work process as a fundamental element of collective health from an ethical-political perspective; (b) to discuss the health work imbedded in the juncture of modernity, with the demands of financial capitalism and its advances over the life of the population, proposing new products, services, and cultural and aesthetic models, as well as new dimensions for what is meant by health. Possible ways out for the methodological stagnation and ways for reorientation of the health work process in face of the new health needs of users of health units were outlined.

Three major issues were basically clarified: health as a commodity in modernity; the consequences of social transformations on the health professions, notably nursing; and possible ways out for the ethical dilemmas. The way these overwhelming transformations are reflected in health needs, on the one hand, and how the work procedures of healthcare professionals are affected, on the other, were topics assessed in the light of important authors in the ethical and philosophical discussions of contemporaneity; while some moments in the history of the conception of the health work process as an object to be searched were taken into consideration.

The elements of the health work process are highlighted in their complexity as well as the opportunity that they offer to establish the identity of health-related professions. The ethical perspective is dedicated to elucidate the relational character of the health work process, given the theoretical synthesis proposed through soft technologies^{2,3} that translated the procedural flow of health care

and contemplated the desire for the theoretical-methodological planning performed by those who try to translate into a measurable interface something so relational as the work of those who provide health care.

RESULTS

• Capitalism and health as a commodity

Modernity started to control human health by a state motivated by the development of capitalism. "It was in the biological, in the somatic, in the body, first of all, that the capitalist society invested. The body is a biopolitical reality. Medicine is a biopolitical strategy".^{4:80} This idea was deepened in "The History of sexuality".⁵ If in the past the power had the monopoly on the use of violence, that is, it could kill or let live (use of military force, police force, and death penalty), in modern times the power also assumed the role of investing in life.

Through the concept of "public health", the state regulated the bodies and the health of populations aiming at the "health" of the industrial system and the market economy. An efficient production system depends on a healthy workforce. This public control over health is nothing more than the power over the bios, hence a biopower. Capitalism can only work this way, controlling individuals. In counterpoint, sectors of the organized civil society continue struggling for the democratization of access to goods and essential services. Politically engaged health professionals remain in vigil for the fulfillment of legal provisions that structure the Unified Health System.

In the current stage of the globalized and financial technological capitalism, large corporations took the control that first belonged to the state. They are the producers of needs; they orient social relations, care of the bodies, minds, and individual and collective wills. The context in which life develops consists of a system that is not only economic, but biopolitical.

The large pharmaceutical companies, laboratories, biotechnology industries, universities, and research centers have a power which is hard to be controlled by external bodies (such as the state and the civil society). Currently, their management dynamics has been more efficient than the government. These institutions do not only produce health commodities, but manage the individuals' autonomy for the consumption of the product named "health".

Is it possible to manipulate the autonomy and freedom of individuals with respect to

their own health and well-being? The marketing of the brands of "health products" is among the most aggressive. Consumption is constantly stimulated. When using the ancestral part of the brain (reptilian brain) to make decisions, the human behavior is very dependent on external stimuli. This "psychology applied to consumers" makes use of one of the greatest discoveries of neuroscience, i.e., emotional intelligence. Neuroscience supports the thesis that in addition to a "rational intelligence", that processes the sensations that come to the senses, the human being possesses an "emotional intelligence".⁶ The traditional method of asking direct questions to consumers usually raises partial or false answers. Neuromarketing asks questions directly to the emotional intelligence of human brains about their emotions.

In some situations, we are encouraged to make decisions and act with such speed that our reason is unable to keep up. Such actions often contradict our values and conscious choices. Our impulses anticipate our rationalization. The stimuli that reach the senses are sent to the thalamus that connects them to two intelligences, i.e., the rational intelligence and the emotional intelligence. Also, the health market searches numerous ways to stimulate the senses of the potential consumer. Communication is less rational and more emotional, corporal and imaginative. The stimuli that come through the senses influence considerably the emotional intelligence and the configuration of human reactions, creating, in many cases, compulsive behaviors.

Neuromarketing is only in its beginnings. Consumers are increasingly driven by emotions and desires. The brain selects our decisions. In this attempted of manipulation of the human brain, the consumers run the risk of "seeing" illnesses that are not real and consuming products that they do not need to ensure their health. Health professionals are facing one of the biggest challenges of their long history.

The figures in media advertising investment for the proliferation of products, practices, techniques, and experts, geared to combat signs of aging, obesity, etc. have a guaranteed return. Physical contingencies—typical of human nature—are regarded as illnesses to be cured. In many cases, physicians, nurses, physiotherapists, pharmacists, and physical education teachers work as mediators of large corporations. The obsession with health means profit at the expense of the public health system.

● Elasticity of the concept of health

Political scientists have already warned in events and publications in the 1980s that the proliferation of medical technologies, clinical diagnosis and clinical therapy, and the possibilities opened up by the biomedicine had fed the utopia of perfect health. The "*six-pack abs* health generation" excludes any linkage with disease, sequels, death, and aging from the concept of health.⁷ Diseases are discarded as part of the human condition.⁸ Health has become a commodity controlled by the medical-industrial-biochemical complex of medicines production. In a consumer society, health is consumed as a product, detaching it from an integral anthropological perspective.⁹

With new advances in technology, there are new diseases catalogued and the resurgence of other already considered to be overcome. Psychosomatic diseases are caused by the dizzying speed with which social relations are subjected to new challenges in the workplace, in the family, and in the coexistence with the group to which individuals belong. Burnout syndrome is a nosological entity linked to the labor space; in addition to those syndromes caused by repetitive strain and non-ergonomic environments. Panic disorder (episodic paroxysmal anxiety) is raised to the category of mental disorder, along with alcoholism, smoking, and drug addiction. Metabolic dysfunctions are advancing in the infant population exposed to foods with excess of trans fats, sodium, and sugar. Staying longer at home due to increasing urban violence, the financial difficulties that force families to spend less and less time off for exercises, preparation of healthy meals, and the access to electronic games are factors that reduce the quality of life of children and adolescents, making them develop diabetes, hypertension, and obesity. In addition, these challenges are aggravated by the increasingly high rates of mortality from external causes, cancers, cardiovascular diseases, and STD/AIDS.

In the context of expansion of the health needs of the population, between objective and diffuse, originated from these media harassment, the professions seek to adapt themselves to new roles with new ethical dilemmas and methodological demands. In the case of nursing, new specialized activities emerge every day, such as: the musculoskeletal tissues harvesting plan; the enucleation made on the occasion of eye tissues harvesting; assistance during the insertion of stents; management of patients with myocardial infarction; management of risks; and leadership coaching.^{10,11}

The specialization, mostly allocated in large centers, continues at an accelerating pace, confirming the clinical practice separated from the social, political and economic determinations of health and disease.

Reflections on the health work process from an ethical political perspective

Within this complex social environment, by having persons' health care as an object, health work has a relational character deeply connected to an ethical issue. Health professionals, that hold the academic and technical codes recognized socially and culturally, are seen as those who have the power over the others' lives. This fact is observed in the daily activities of health units and scientific discussions on improvements in quality of health care provided to the population. There are many reasons for this representation of the health professional as knowledge authority. Some of them refer to traditional training, ideologically reactionary, that separates the work process in the health unit from the social relations world and political and economic issues.

The traditional training anchored in a degraded clinic,¹³ away from the understanding of health as a combination of social, cultural, political, and economic determinants, sometimes does not teach the professionals to see what might have something to do with the problems of violence, unemployment, and the lack of food suffered by the individuals they care for. Often, these professionals get bored when there is little adherence to campaigns performed in the units (sometimes made hastily to address urgent problems which are the targets of official programs). They do not always take into account the distrust that the precariousness of the services causes in the population, and that many campaigns would not be necessary if the services were accessible to all. Many times, subsequent health care to what has been diagnosed during the campaign does not happen. The population complains, denounces, quits. Health indicators are still scary. There is a sense of perennial frustration in all subjects involved.¹⁴

Any discussion proposed on collective health necessarily has to be carried out in an ethical ground. This way, two central elements arise: health as common good, influenced by multiple social determinants; and the health work process.¹³

• Where did the contributions to the complexity of the elements of the health work process come from?

It was in the 1960s that the studies on medicine as a social practice were published causing great influences on those who dedicated themselves to understand how the health work was.¹⁵ After this conceptual repositioning, new theoretical-methodological frameworks were built to study the health work process.

Subsequent publications sought the basis for proposing the concept "health work process" in studies on Marx's Work.¹ Initially, studying the physicians' work process, knowledge applied to all health care professions was produced. In the 1980s, the thesis that became a milestone for the implementation of the concept "work process" in nursing was published;¹⁶ after which several authors studied nursing as social practice, as a profession that establishes relationships in the production of services.^{17,18}

Defining the elements of the health work process as the work object, the instruments, the purpose, and the agents, sanitarians propose that these elements are studied and analyzed in their dynamic dialectics and not in isolation.¹⁹ In the clinical practice, the object of the work of medicine is the human body. The most appropriate way to proceed to the recognition of the general architecture of the medical work consists of the analytical consideration of its object. In the more general ground, in which even alternative knowledge agree, this object can be identified as the human body.^{1:56}

Still, considering the understanding of the physiological body, and anatomically, a conception that regards the body as a "thing", the work is guided by the intervention within the known parameters of what is normal and what is pathological. It refers to the discussion about the lifestyles as determinants of the body, beyond the anatomical and physiological criteria.^{1,19} The historicity of the health-disease process is one of the "extra-biological normativities", according to which the concepts about health and disease are endowed with own reality, which is external and previous to morpho-functional changes in patients' bodies. This way, different times and diverse cultures generate different conceptions for falling sick and health. This extension is understood as body, health, and disease, being a challenge for the professional and social health practice.

These theoretical-methodological contributions briefly mentioned have been

brought to the analysis of other health-related professions over decades. Currently, much has been discussed in order to recognize that health professions need to describe, define, and analyze the process of their agents' work; especially because the work process consists of an important identity element of the profession. This professional identity, once understood, will cause favorable impacts on the quality of training of professionals, the quality of services provided, and the political and social insertion of the professionals into society.

● **Legal and regulatory provision and the difficult transition from multiprofessionality to interdisciplinarity**

The Resolution No. 218 of the National Health Council (6th March, 1997) defines the following workers as health care professionals:

1. Social workers;
2. Biologists;
3. Physical Education professionals;
4. Nurses;
5. Pharmacists;
6. Physiotherapists;
7. Speech therapists;
8. Physicians;
9. Veterinarians;
10. Nutritionists;
11. Dentists;
12. Psychologists; and
13. Occupational therapists.

This resolution originated in the VIII National Health Conference and all movements for the consolidation of the Unified Health System and its principles, especially the integrality of health care seen as the fruit of interdisciplinarity. More than ten years after the publication of this legal provision, many others have been proposed in order to meet the growing demand for public policies that bring official recognition to the discussions and efforts toward an integrating practice. However, as regards the work process, in most cases multiprofessional action is seen in health units rather than interdisciplinarity.

Multiprofessionality is observed when the various professionals act according to their codes, methods, and rationality providing health care for users of services, being these users admitted or not. This multiprofessional rationality sometimes involves repetitions of procedures, tiring anamnesis sections, and disruption of the users' flow in the units. It is as if the units become a compartmentalized box; in which each compartment develops its

own life and has reduced contact with the other compartments.

In contrast, interdisciplinarity has a procedural nature, and, consequently dynamic, in constant motion around structuring elements of professional identity—already mentioned above—and the relational bridges built between the professions, in which everyone's knowledge is conveyed, complementing themselves and being transformed through misunderstandings and contradictions. However, these processes lack investigation and frequent discussion in order to systematize the experiences of these exchanges and propose new syntheses.

The health unit is an administrative organization. As such, it requires an organizational policy, understood as the set of principles according to which the company is conducted and that guide the actions taken to achieve defined goals.²¹ In order to lead the multiprofessional nature of the various activities that make up the health care provided for the population, the management of persons (MP) is increasingly recognized as essential to successful organizational performance and increasingly required, since it is

[...] articulated proposal of the organization, with theoretical and practical constructions, in dealing with human relationships, with a view to achieving desired results. This way, the MP policies define the theoretical and practical framework built to enable the achievement of the goals and purposes of the organization, working as guides of thought and action in the area of MP.^{21:569}

MP occurs when the organization recognizes the person as an agent of the processes that are developed in the organizational environment. Thus, interpersonal relationships, well-being at work, confidence, and other feelings, which are built both individually and collectively and thus expressed, are fundamental to the success of the company.

Assessing the "general architecture"¹ of the professionals' work among the various areas involved in the field of health is considered essential. What are the specificities of those who perform in primary, secondary, and tertiary health care? Still, in what moments and processes those specificities are interconnected? What is lost by not delimiting these congruencies in health care terms? Considering that the intercessions can facilitate the dialogues between the services (for example, when an information system, referrals, and follow-ups of cases in which the

interdisciplinary approach is essential), the activities in which the work processes of other team members intersect must be described, demarcated in such a way that it is possible to enable the creation of new health care models, truly interdisciplinary, adapting them from those that already exist to the manner through which the work process of health professionals occurs.

Still, with regard to the elements of the health work process,^{1,2} the work object is health care, which will make the person able to seek improvements and the cure. The work of health professionals, such as live work (in allusion to the Marxist concepts of work), since it has a relational, dialogical and intersubjective character against the biomedical hegemony, constitutes a social practice that uses technologies classified as soft, soft-hard, and hard. The first two are the operational base for the social practice of all professionals within a logic that is "user-centered, allowing, on a daily basis, the construction of links and narrow commitments between workers and users, formatting the technological interventions in health according to their individual and collective needs".²

Soft technologies are of relational nature aimed at establishing relationships and recognizing the users as subjects of the process with user embracement and health care management. Soft-hard technologies correspond to knowledge already properly structured and thus known and revered in social practice, such as medicinal and psychoanalytic clinic, epidemiology, taylorism, and fayolism. Hard technologies are the instruments, equipment, standards, and organizational structures through which health care practice occurs.²

When the composing elements of the work process of health professionals are well defined—materialized in working conditions and considering health care as the object of the practice, the technologies as tools, and the theoretical-methodological bases that constitute this process—they allow outlining the professional identity of those who perform along with the population that seeks health services.

The health work process has complex characteristics, since it does not transform elements of nature into useful objects using tools, for its own or for a larger group benefit. This definition given by renowned authors—which is the best known regarding the work process—does not apply fully to the health worker. As a service provider, the work process of health professionals will cause

transformations that cannot always be measured and observed. Often, transformations are only reported by the person to whom the service is offered. The work process in the provision of health service generates other processes, some of which are relational in nature, involving other agents, as the persons who are using the services, their families, and the community in which they are inserted.

When some authors disagree with regards to the final (non) "product" of the health work process,^{2,18,22-3} they refer to the health work process as a service provision. Considering Mehry's work object as the one which best clarifies this issue, it is understood that the object of health work is the production of health care; since this production will start and continue the search for previous health states experienced by the person undergoing health care, this being the goal to be achieved with health care production.²

Faced with the need to articulate the instrumental technology with the creative and resignifying ability of live work,² health workers meet new challenges in the consolidation of the Unified Health System. Proposals for the reorientation of health practices in primary care provide a clear understanding of the need to map the work process of each team member, in order to clarify the techno-assistential model best suited to be offered to the population.

• The production and dissemination of knowledge as a means of unveiling the health work process

Daily health care, whether in primary care or in other degrees of care complexity, the intuition and automation in the work process of professionals, many times, are dangerously present compromising the diagnostic accuracy and effectiveness of the measures taken in face of the health needs of the population. Between the extremes of the biomedical model and the purely intuitive practice, there are often disjointed, repetitive, and little organized work processes, which, for the most part, are inoperative.^{14,24}

At the end of the day, it is common to experience the feeling of not having achieved the desired results, despite the tiredness indicate that much has been done. The requirement for increasing productivity, the needs of the population, the difficulties of communication, and the emotional and physical burdens configure new difficulties every day, which require other forms of organizing and managing the work, under penalty of diving perennially in the

dissatisfaction of the population, that does not have the demands met, and the discontent of professionals that are unable to fully exercise their skills and competencies. In this sense, the reflection on the elements of the work processes of health professionals is appropriate in order to have more accurate descriptions and adequate interventions.

[...] the critical and continuous reflection on the work process and its transformation is an outstanding characteristic of humanity and constitutes a central part of the process of human development. The degree of difficulty of this reflection increases with the complexity and indeterminacy of the work processes. The more complex the work process and the less systematized it is, the harder it will be to reflect on it.^{22:21}

When the determinants of the work process of health professionals are lost, the condition to reflect on this process is also lost. In this way, it is understood that the development of research on this topic could bring significant contributions to the public health policies.

The role of higher education institutions becomes increasingly clear in the contribution to these reflections, insofar as they allow researchers and students the investigative insertion in work environments and in the dynamic relationship with the professionals who perform in direct health care, in order to identify gaps and potentialities and trace collective interventions.

Extension is understood as all the activities in which the intellectuals at the service of teaching and research institutions, along with the students, interact face to face with the population, offering knowledge intended to be useful to everyday life. It is an opportunity to fix relationships—which are sometimes utilitarian—with the community, when data are collected and experiments and tests with academic purposes are performed without counterpart.

Extension activities are important methods for creating assessment indicators of knowledge being generated, since, "testing" them in debates, courses, and workshops offered by the professionals who perform in the world of health work, will allow confirming whether there is a need to refocus the direction, methods, and/or research goals, in order to produce and redefine knowledge in line with the real needs of professionals, managers, trainers, and society in general. Through a procedural, dialectic and dynamic manner, the research-extension integration can make the university be effectively at the service of society, especially when the gaps that exist in public

policies with respect to management of persons in the framework of the Unified Health System are identified.

The role of scientific journals becomes fundamental due to the need to foster discussions about how to work in health care, in order to be a field for discussion of the theoretical and methodological references most used when analyzing the health work process, with a view to resize and/or propose new benchmarks for intervention in the work process of health professionals.

CONCLUSION

From a qualitative and critical literature review and from an ethical and political perspective, the goal of this study was to unveil the work process of health professionals, considering it as an important identity element and mirror of all the perplexities surrounding the current society.

Alternating between historical aspects, political elements, and ethical challenges, in the light of current important theorists, this study highlighted the intrinsic elements of the work process of health professionals discussed in the scientific productions researched. The guide was the ethical implication that technological changes impose to society, and how these transformations require new guidelines for the work process of health professionals.

While achieving the goal of showing ways out for the understanding of the work process of health professionals, the proposal included a largest participation of: training schools, with the strengthening of ethical and political content, in addition to technical training; undergraduate students training and their integration in extension projects in the community; the systematization of experiences, so as to contribute to public policies for the field of labor management and, therefore, healthcare workers.

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